

DOMESTIC SUMMARY.

Induction of Premature Labour in the Albuminuria of Pregnancy.

In a short article in the *American Journal of Obstetrics* (July, 1878), Dr. FORDYCE BARKER earnestly advocates the non-induction of premature labour in the albuminuria of pregnancy until after appropriate treatment has been thoroughly and perseveringly tried without success for the removal of symptoms of albuminuria of so grave a character that there is strong probability that their continuance would result in the death of the patient.

Treatment of Eczema Rubrum by means of Glycerole of the Subacetate of Lead.

The use of glycerole of the subacetate of lead as an application in chronic eczema rubrum was first brought prominently to the notice of the profession by Mr. Balmanno Squire, of London.¹ But up to the present time this plan of treatment has not attracted as much attention, in this country at least, as it deserves. Drs. DUHRING and VAN HARLINGEN have been using the glycerole in their dispensary practice for the past six months, and the results which they have obtained (*Phila. Med. Times*, Aug. 3, 1878) are of so favourable a character as to suggest a further and more extensive use of this remedy in the class of diseases to which it is applicable.

For an account of the theory of action of the glycerole, reference may be made to Mr. Squire's papers. The formula which he suggests is as follows:—

Acetate of lead, 5 parts;

Litharge, $3\frac{1}{2}$ parts;

Glycerine, 20 parts, by weight.

Mix, and expose for some time to a temperature of 35° F. Filter through a hot-water funnel. The clear viscid fluid resultant contains 120 grains of the subacetate of lead to the ounce. It is used as a stock from which the preparations employed are made by dilution with simple glycerine.

The results obtained in their series of cases and also in others coming under their observation during the last six months, led to the following conclusions. In glycerole of the subacetate of lead we have a valuable addition to the therapeutics of certain forms of chronic eczema, particularly eczema rubrum of the lower extremities. It is most useful in those cases where the affection is extensive, of a dusky hue, accompanied by much weeping, oozing, and infiltration of the skin, together with swelling and œdema of the subcutaneous tissues, and a full and varicose condition of the venous circulation. In such cases glycerole of the subacetate of lead, used with diligence, and followed by careful bandaging, constitutes a remedy of the highest value.

Glycerole of the subacetate of lead has not, however, any anti-pruritic qualities, excepting in so far as it may reduce the œdema which sometimes appears to give rise to pruritus. Nor has it any resolvent effect upon infiltration of the more superficial layers of the integument. In this respect it fails just in those cases and at that stage of eczema rubrum where the skin is no longer acutely inflamed, but is thickened, indurated, and pruriginous; in other words, where ordinarily the preparations of tar and potash are most useful.

Glycerole of the subacetate of lead fails, moreover, to exert a favourable influence in those cases of eczema rubrum where the disease shows itself in numerous variously-seized superficial patches, and where the deeper layers of the skin do

¹ Medical Times and Gazette, 1876, vol. i., March 18 and 25, and Essays on the Treatment of Skin Disease, No. 2 (second edition), London, J. & A. Churchill, 1878.

not appear to be affected. With regard to its effect in the vesicular and squamous varieties of eczema, this is not satisfactory, and it is less favourable in proportion as the case departs from the typical form of eczema rubrum.

Occasionally the glycerole is found to disagree with the skin. This, however, does not often happen, at least not nearly so often as in the case of glycerine.

Ligation of the Lingual Artery near its Origin, as a Preliminary Procedure in the Extirpation of Cancerous Disease of the Tongue.

Dr. GEORGE F. SHRADY, Surgeon to the Presbyterian Hospital, New York, reports (*Med. Record*, Sept. 14, 1878) a case of epithelioma of the tongue in which the lingual artery was ligated near its origin, as a preliminary procedure in the operation for extirpation of the disease, and he submits the following conclusions to which he has been led by a careful consideration of the case:—

1. In cancer of the tongue, whenever it is possible, the disease should be removed through the mouth.

2. Ligation of the lingual artery is a very necessary preliminary to such a procedure.

3. Ligation of the lingual artery, if performed at all, should be near the origin of the vessel, as by that means the whole of the blood-supply of one side of the tongue is completely cut off.

4. The operation of ligation of the lingual artery, even in that situation, is less difficult than the securing of the vessel in the wound during the operation of extirpation of the tongue, and when there is free hemorrhage deep in the mouth.

5. The distance between the external carotid and the point of ligature is sufficient for the foundation of a firm clot and the prevention of secondary hemorrhage.

6. The use of the scissors and the knife places the wound in a condition more favourable for rapid healing than when the *écraseur* or any variety of cautery is used.

7. Ligation of the lingual may have a tendency to retard the return of the disease.

The Unequal Length of Normal Limbs shown by Measurement of the Skeleton.

A good deal of attention has been recently directed to the inequality in the length of the lower limbs, and a number of observations have been made by Drs. Cox and Wright on the living body to demonstrate this. Dr. JOHN B. ROBERTS has recently (*Phila. Med. Times*, Aug. 3, 1878) made accurate measurements of the femora and tibiæ of eight skeletons in the museum of the Jefferson Medical College and elsewhere, in the following manner. He took an ordinary graduated yard-stick, and had a piece of iron fixed to one end at a right angle, while up and down the stick there played a slide with a similar piece of iron also at a right angle. This was employed just as a shoemaker uses his rule to obtain the length of his customer's foot. The results show an inequality in each skeleton varying from an eighth to three-quarters of an inch.

In commenting on these results Dr. Roberts says: "These figures show conclusively to my mind the folly of endeavouring to make the limbs of equal length after one of them has sustained fracture; it may be possible if the patient happens to break the long leg, but what will be the result if he have this accident occur to the one already half an inch shorter than its fellow? Is the surgeon to continue his extension until both legs reach the same mark on his graduated tape? Especially is this to be deprecated when we recollect the probability of his measurements differing every day on account of the difficulty of applying the tape to exactly the same spot on each side."